



# USA HOCKEY

## CONSENT TO TREAT

This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_ (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signed: \_\_\_\_\_

(parent/guardian or adult participant)

Relationship to Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details call Winnie Tharp, Marsh USA, Inc., (317) 261-9306.

To file an excess accident claim, call K&K, (800) 237-2917, ext. 5623.